

<p style="text-align: center;"><b>Medical Direction / Trauma Systems</b> <b>EMSSTAR Workgroup – Meeting Notes</b></p>
---

**September 21, 2005, 1:00 – 3:00 p.m.**  
**Maine Emergency Medical Services Office**  
**500 Civic Center Drive**  
**Augusta, Maine**

**Present:**

Steve Diaz, MD, Maine EMS  
David Ettinger, MD, Mid-Coast EMS  
Kevin Kendall, MD, Tri-County EMS  
Dawn Kinney, EMT-P, Maine EMS  
Paul Liebow, MD, Eastern Maine Medical Center  
Paul Marcolini, EMT –P, Tri-County  
Lori Metayer, RN, EMT-P, LifeFlight of Maine

**Not Present:**

Bob Bowie, MD, St. Joseph's Hospital  
Jay Bradshaw, Maine EMS  
John Brady, EMT-P, Portland Fire Department Medcu  
Jeff Cammack, Bangor Fire Department  
Dan Carlow, Downeast EMS  
Beth Collamore, MD, Cary Medical Center  
Steve Corbin, Aroostook EMS  
Steve Leach, EMT-P, Augusta Fire and MCEMS  
Jim McKenney, EMT-P, Crown Ambulance  
Chris Moretto, Med-Care Ambulance, Mexico  
Julie Ontengo, Maine Medical Center  
Rick Petrie, EMT-P, KVEMS and NEEMS  
Carol Pillsbury, EMT-P, Northstar Ambulance  
Rory Putnam, EMT-P, Falmouth Fire – EMS  
Matt Sholl, MD, Maine Medical Center

**1. Review / approve notes from August 17, 2005 meeting**

- a. No changes to the notes needed.

**2. Recommendation ID #4.8.3 “e” (Develop and require appropriate training for any individual who will provide OLMC to EMS providers.)**

- a. Workgroup consensus on this recommendation is that the Maine EMS Board direct the MDPB to continue work on the training document currently in draft.

1. In doing so, the MDPB should solicit input from others outside the Board.
2. When the training product is finalized ACEP has already endorsed it in concept. Thus, it should go to the Maine Hospital Association for their endorsement.

b. The goal is that there be one universal training program statewide.

**3. Recommendation ID #4.8.3 “d” (Require local and regional EMS medical directors to complete a nationally recognized medical directors course within the first year of their appointment.)**

- a. Refer to the workgroup consensus on Recommendation ID #4.8.3 “b” and #4.8.3 “e”.
- b. The group that develops the training program should simultaneously draft a Maine-specific program component that stands alone and could be used by those medical directors who have been previously trained elsewhere.

**4. Recommendation ID #4.9.3 “c” (Modify the Maine EMS Prehospital Treatment Protocols to authorize all EMS providers statewide to request air medical transport units without OLMC.)**

- a. Workgroup consensus on this recommendation as part of the Trauma Systems portion of the EMSSTAR report.

**5. Recommendation ID #4.9.3 “b” (Utilize trauma registry data, patient care reporting data, and other relevant data sources to drive EMS education, QI, and injury prevention programs,) and Recommendation ID #4.9.3 “a” (Develop and maintain a state trauma registry.)**

- a. Workgroup consensus on the recommendations, but more resources are needed if they are to become a reality.
- b. There is currently volunteer participation in independent systems / hospitals.
- c. It is difficult to collect data from non-system hospitals.
- d. Specific to 4.9.3 “a”: Does the Maine DHHS public health surveillance system have the ability to incorporate this function?

- 6. Recommendation ID #4.8.3 “f” (Develop formal mechanisms to utilize physicians who have expertise in emergency medical services in all aspects of the Maine EMS system.)**
- a. Workgroup consensus that this will follow from adoption of the proposed Medical Director job descriptions and the OLMC training program.
- 7. Recommendation ID #4.8.3 “g” (Develop an equitable compensation schedule to assure pay parity among regional medical directors.)**
- a. Workgroup consensus that this is outside the realm of the MEMS system as the Regional Medical Directors are engaged by the regional councils. However, the workgroup supports the recommendation.
- 8. Additional consensus recommendations of the workgroup:**
- 1. More important than compensation is legal coverage for state credentialed medical directors.
  - 2. Any regional deviations from the MEMS Prehospital Treatment Protocols must be vetted by the MDPB.
- 9. No further meetings of workgroup scheduled. Meeting notes for 9/21 will be circulated to the workgroup electronically.**